



Oct 6, 2005 11:33AM ZPS GROUP SC

No. 9273 P. 1

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27061 7590 08/09/2005

**ZIOLKOWSKI PATENT SOLUTIONS GROUP, SC (GEMS)**  
**14135 NORTH CEDARBURG ROAD**  
**MEQUON, WI 53097**

10/06/2005 HDNESS2 00000052 502402 09681478

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**Jessica A. Calaway** (Depositor's name)  
*Jessica A. Calaway* (Signature)  
**10/6/05** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/681,478	04/13/2001	Kun Zhang	GEMS0801.063	7337

**TITLE OF INVENTION:** METHOD AND SYSTEM TO GRANT INDEFINITE USE OF SOFTWARE OPTIONS RESIDENT ON A DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/09/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, TONGOC	2134	713-200000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Ziolkowski Patent**  
**Solutions Group, SC**

1. \_\_\_\_\_  
2. **Michael A. Della Penna**  
3. **Carl B. Horton**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**GE Medical Technology Services, Inc.**

**Pewaukee, WI**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-2402** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
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Authorized Signature

*Timothy J. Ziolkowski*

Date

*10/6/05*

Typed or printed name **Timothy J. Ziolkowski**

Registration No. **38,368**

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